



ILLINOIS MEDICAL ASSISTANCE PROGRAM PROVIDER BULLETIN

August 6, 2002

TO: Participating Hospitals – Chief Executive Officers, Chief Financial Officers, and Patient Accounts Managers; and Renal Dialysis Facilities

RE: UPDATES TO RENAL DIALYSIS INJECTABLE DRUG COVERAGE AND RATES

The Department currently allows an add-on payment for certain injectable drugs billed on UB-92 outpatient renal dialysis claims (category of service 25). This bulletin identifies changes the Department has made to drug coverage and rates. These changes do not affect the State Renal Program.

- Effective with dates of service on or after January 1, 2002, the Department will provide reimbursement for the drugs Venofer (J1755-Injection, iron sucrose, 20 mg) and Hectoral (J1270-Injection, doxercalciferol, 1 mcg).
- Effective with dates of service on or after February 1, 2002, the Department will provide reimbursement for a new dosage of Zemiplar (W0237-Injection, paricalcitol, 1 mcg).
- Effective with dates of service on or after July 1, 2002, the Department will provide reimbursement for the drug Cathflo Activase (J2997-Injection, alteplase recombinant, 1mg).

As with other covered injectable drugs, providers must utilize revenue code 636 (Drugs Requiring Detailed Coding) in Form Locator 42 of the UB-92 to denote the drug revenue line, and indicate the HCPCS code in Form Locator 44. Rates for all other covered renal dialysis injectable drugs were updated effective January 1, 2002, again February 1, 2002, and July 1, 2002, as indicated in the attached table. The injectable drug codes and rates are also included in the Physician Fee Schedule on the Department's website at <http://www.state.il.us/dpa/html/physicianfeeschedule.htm>

This bulletin and replacement page for the Handbook for Hospitals referencing the drug coverage changes are available on the Department's website at http://www.state.il.us/dpa/provider_release_bulletins.htm. The revisions in the replacement page are identified by an “=” to the left of the amended text. Please note that the Handbook for Hospitals is not currently available on the website.

Paper copies of the replacement page, as well as an entire handbook, may be obtained by written request. To ensure delivery, you must specify a physical street address when requesting a paper copy. You may submit your written request to the address below, or fax or e-mail it as noted:

Illinois Department of Public Aid
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114

Fax Number: (217) 557-8800 / E-Mail Address: PPU@mail.idpa.state.il.us

Instructions for updating the Handbook for Hospitals:

Replace page one of Appendix H-18 dated March 2001 with the attached revised page one dated July 2002. Providers may wish to retain the March 2001 page as a reference.

RENAL DIALYSIS HCPCS CODES AND RATES
RENAL DIALYSIS INJECTABLE DRUG CODES AND PAYMENT SCHEDULE

RENAL DIALYSIS INJECTABLE DRUGS							
DRUG	DOSAGE/ UNITS	MAXIMUM DOSAGE/ UNITS PER VISIT	HCPCS	RATE EFFECTIVE 01/01/02	RATE EFFECTIVE 02/01/02	RATE EFFECTIVE 07/01/02	COVERAGE BEGIN DATE
Calcitrol	1 mcg 1 unit	4 mcg 4 units	J0635	\$17.27	\$16.75	\$16.30	06/01/96
Cefazolin Sodium	500 mg 1 unit	2 gm 4 units	J0690	\$2.60	\$2.52	\$2.45	06/01/96
Cefoxitin Sodium	1 gm 1 unit	2 gm 2 units	J0694	\$10.27	\$9.96	\$9.70	06/01/96
Gentamicin Sulfate	80 mg 1 unit	400 mg 5 units	J1580	\$0.94	\$0.91	\$0.90	06/01/96
Vancomycin	500 mg 1 unit	2 gm 4 units	J3370	\$8.40	\$8.15	\$7.90	06/01/96
Tobramycin Sulfate	80 mg 1 unit	400 mg 5 units	J3260	\$8.10	\$7.86	\$7.65	06/01/96
Vitamin K/ Aquamephyton	10 mg 1 unit	50 mg 5 units	J3430	\$5.76	\$5.59	\$5.45	06/01/96
Iron Dextran	50 mg/cc 1 unit	100 mg/2 cc 2 units	J1750	\$22.62	\$21.94	\$21.35	01/01/01
= Zemplar	1 mcg 1 unit	2 mcg 2 units	W0237		\$6.48	\$6.30	02/01/02
Zemplar	5 mcg 1 unit	20 mcg 4 units	J2500	\$34.61	\$33.57	\$32.70	01/01/01
Ferrlecit	62.5 mg/5 cc 1 unit	125 mg/10 cc 2 units	J2915	\$51.60	\$50.05	\$48.75	01/01/01
= Hectoral	1 mcg/0.5 cc 1 unit	6 mcg/3 cc 6 units	J1270	\$7.24	\$7.02	\$6.80	01/01/02
= Venofer	20 mg/cc 1 unit	100 mg/5 cc 5 units	J1755	\$16.50	\$16.00	\$15.60	01/01/02
= Cathflo Activase	1 mg 1 unit	4 mg 4 units	J2997			\$38.85	07/01/02

The above table identifies the lowest amount for a dosage of the drug. If the dose given is less than the amount listed for the dosage of the drug, the units field, Form Locator 46, must reflect one dose. If the dosage is one plus a portion of the amount listed, the dosage must be rounded up to the nearest whole number.

